

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101561750

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4		1	1			
5		1	1			
6		1	1			
7		1	1			
8		1	1			
9		1	1			
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TOTAL IND. 6  6  

TOTAL DEP 19  22  

TOTAL CLAIMS 25  22  

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						

TOTAL IND.   

TOTAL DEP   

TOTAL CLAIMS   